

Home Health ICD-9/ICD-10 Alert

YOU BE THE CODER: SIMPLIFY COMPLICATION CODES WITH THIS EXAMPLE

Question: A 67-year-old male patient is admitted to home care following a hospitalization for a cardiac catheterization to determine the cause of increasing chest pain.

As a result of the procedure he had an embolism which occluded the right middle cerebral artery, resulting in a left hemisphere paresis and aphasia.

He is to receive physical, speech and occupational therapy as well as skilled nursing following his stroke.

How should I code this scenario?

Answer: Code this scenario as follows:

M0230: 997.02 (Iatrogenic cerebrovascular infarction or hemorrhage)

M0240 :

438.20 (Hemiplegia affecting unspecified side)

438.11 (Aphasia)

V57.89 (Other specified rehabilitation procedure; other [multiple training or therapy])

In this scenario, you're assigning a complication code followed by a specific code to describe the complication, notes **Rita West, MSN, HCS-D**, director of utilization management for **Visiting Nurse and Health Services of Connecticut**. The CVA itself doesn't justify therapy, so you must also code the hemiparesis and aphasia.

Further, you must list the V code to describe the various therapy interventions this patient requires. An alternative would be to list each therapy separately, says West. Keep in mind, though, that doing so won't make a difference to your payment.

Remember: The cardiac catheterization procedure resulted in the cerebrovascular accident. That's why you should list the complication code 997.02 as primary, followed by additional codes to describe the complication.

You might be tempted to list a code from the 434.xx series as primary, which would earn you 20 additional case mix points. "We have the exception to use acute CVA instead of late effects CVA when we have therapy and the patient is improving," notes **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. However, when a CVA results from a surgical complication, then you should code 997.02 as primary, she instructs.

Additionally, "in this case there are no [case mix] points available, and coding V57.89 first still won't get you the points in M0245 because the V code is not replacing a case mix code," she concludes.